

CITY OF LOWELL

FY2023 MEDICAL AND DENTAL RATES



GIC Non-Medicare Plans	Coverage	Monthly Premium (100%)	42 Weeks (25%)	52 Weeks (25%)	Monthly (25%)	COBRA
Allways Health Partners Complete (HMO)	Individual	\$844.47	\$60.32	\$48.72	\$211.12	\$861.36
	Family	\$2,211.64	\$157.97	\$127.59	\$552.91	\$2,255.87
Harvard Pilgrim Independence Plan (POS)	Individual	\$1,036.03	\$74.00	\$59.77	\$259.01	\$1,056.75
	Family	\$2,534.63	\$181.05	\$146.23	\$633.66	\$2,585.32
Harvard Pilgrim Primary Choice Plan (HMO)	Individual	\$746.72	\$53.34	\$43.08	\$186.68	\$761.65
	Family	\$1,909.58	\$136.40	\$110.17	\$477.40	\$1,947.77
Health New England (HMO)	Individual	\$669.71	\$47.84	\$38.64	\$167.43	\$683.10
	Family	\$1,602.13	\$114.44	\$92.43	\$400.53	\$1,634.17
Tufts Health Plan Navigator (POS)	Individual	\$891.16	\$63.65	\$51.41	\$222.79	\$908.98
	Family	\$2,183.15	\$155.94	\$125.95	\$545.79	\$2,226.81
Tufts Health Plan Spirit (HMO-Type)	Individual	\$675.73	\$48.27	\$38.98	\$168.93	\$689.24
	Family	\$1,634.54	\$116.75	\$94.30	\$408.64	\$1,667.23
Unicare Indemnity / Comm Choice (PPO - Type)	Individual	\$623.83	\$44.56	\$35.99	\$155.96	\$636.31
	Family	\$1,553.41	\$110.96	\$89.62	\$388.35	\$1,584.48
Unicare State Indemnity Plan/ PLUS (PPO - Type)	Individual	\$811.39	\$57.96	\$46.81	\$202.85	\$827.62
	Family	\$1,938.75	\$138.48	\$111.85	\$484.69	\$1,977.53
Unicare State Plan/ Basic With CIC (Comprehensive - Indemnity)	Individual	\$1,239.09	\$88.51	\$71.49	\$309.77	\$1,263.87
	Family	\$2,752.65	\$196.62	\$158.81	\$688.16	\$2,807.70
Unicare State Plan/ Basic w/o CIC (Non-Comprehensive - Indemnity)	Individual	\$1,179.92	\$84.28	\$68.07	\$294.98	\$1,203.52
	Family	\$2,617.94	\$187.00	\$151.04	\$654.49	\$2,670.30

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GIC Medicare Plans				
Plan Name	Coverage	Monthly Premium (100%)	Weekly (25%)	Monthly (25%)
Harvard Pilgrim Medicare Enhance (Indemnity)	Individual	\$423.97	\$24.46	\$105.99
Health New England Medicare Supplement Plus (Indemnity)	Individual	\$430.29	\$24.82	\$107.57
Tufts Health Plan Medicare Complement (Indemnity)	Individual	\$406.02	\$23.42	\$101.51
Tufts Health Plan Medicare Preferred (HMO)	Individual	\$345.42	\$19.93	\$86.36
Unicare State Indemnity/Medicare Extension (OME) w/CIC (Indemnity)	Individual	\$413.37	\$23.85	\$103.34
Unicare State Indemnity/Medicare Extension (OME) w/out CIC (Indemnity)	Individual	\$402.01	\$23.19	\$100.50

Delta Dental Plans						
		Full Premium (100%)	42 Weeks (25%)	52 Weeks (25%)	Monthly (25%)	COBRA
Low Option	Individual	\$21.32	\$1.52	\$1.23	\$5.33	\$21.75
	Family	\$57.98	\$4.14	\$3.35	\$14.50	\$59.14
High Option	Individual	\$36.22	\$6.45	\$5.21	\$22.59	\$36.94
	Family	\$98.64	\$17.57	\$14.19	\$61.51	\$100.61